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MONTANA COMPREHENSIVE HEALTH PLANNING NEWS

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Advisory Council Adopts '74 Work Program

Advisory Council Chairman Bill Leary emphasizes a point in his address to council members.

Montana's Comprehensive Health Planning Advisory Council, at its annual meeting March 23rd in Helena, adopted a 1974 work program provided by its standing committees.

The Areawide Committee report, offered by Chairman Charles Walter of Helena, indicated the State CHP staff, in cooperation with areawide organizations have completed organization of one-fourth of Montana's counties. He told the Advisory Council the CHP staff will eventually organize all of the State's 56 counties into local, active health planning groups. He asked that areawide organizations coordinate their efforts to enable the State staff to develop a health plan for all of Montana.

The Environmental Health Committee, headed by Don Pizzini of Great Falls, rearranged priorities in the 1974 work program. The committee established as top priority the establishment of active environmental groups throughout the State. Pizzini said, 'It is anticipated that in all cases, this will be accomplished with the aid and participation of the Areawide CHP organizations.'

Second priority is creation of Local Environmental Research Groups to aid State agencies in meeting their planning and regulatory responsibilities.

Third priority is the Environmental Health Committee's and the Agency's continuing work in support of environmental activities in Montana.

George Clark of Missoula offered the report of the Facilities Committee. Top priority of the 1974 work program is to promote objective planning and uniformity among all areawide and State organizations handling review and comment for proposed changes in health care delivery systems. Under law, any facility change adding numbers of beds or remodeling or construction over $100,000 must be approved by areawide review committees. These committees consist of both providers of health care and consumers.

Second priority of the Health Facilities Committee is adequate Certificate of Need legislation to protect the planning process of health care facilities – providing for protection of providers and the public. The committee will work to establish criteria which must be met before approval is given for construction of health-care facilities.

Clark said the committee would also investigate the feasibility of a satellite system in Montana. This would call for a joint venture by several health-care institutions, with the largest of the group acting as a regional medical center for the most sophisticated health care, with other hospitals in the group establishing different levels of care. The smallest of these units would focus on a level of care required before the patient is sent on for additional care deemed necessary.

Frances Gosney, Chairwoman of the Personal Health Services Committee, lists priorities provided during an example of the Nominal Group Process which is being used by CHP to develop a state health plan.

Anita Richards of Seeley Lake, chairwoman of the Manpower Committee, told the advisory group her committee is currently evaluating the nurse practitioner program as it exists at Seeley Lake and will continue evaluation of the nurse practitioner program as it is instituted in other Montana communities. The nurse practitioner at Seeley Lake is

Continued on Page Two

Continued from Page One

Rod Gudgel, Executive Director of Montana Nursing Association, listens attentively to committee reports.

dvisory Council members and CHP staff members worked together to determine priorities the Council deemed most important to providing of adequate health care delivery for all Montanans.

hired by a non-profit local organization to provide health services which are lacking in an area some 60 miles from the nearest medical facility.

Mrs. Richards said the committee is currently studying drafts of a Physician Recruitment Manual and Nurse Practitioner Brochure. Once approved, these publications will be available to interested communities to aid in their efforts to better local health care.

The Personal Health Services Committee report, delivered by Chairwoman Frances Gosney of Augusta, indicated the committee will work on 1974 legislation aimed at improving the health of Montanans. She said the group is planning an educational seminar to determine innovative types of health care delivery systems available.

Mrs. Gosney said the committee is currently studying the substandard housing problems which exist in Montana and will attempt to secure legislation in 1974 which would remove referendum provisions now necessary to establish public housing programs.

The committee will also investigate the use of low-income people to work with social-work students at the universities to provide the students with first-hand knowledge of problems among low-income groups.

In other action the State Advisory Council re-elected William Leary of Helena as its chairman and Don Pizzini of Great Falls was elected vice-chairman.

Warren Brass and Mary Jane Crigler of the State staff provided the council with a 'Nominal Group Process' to determine priorities of the advisory group. The two staffers have been using the process in various Montana counties to gather input for a health plan.

The council was asked, 'What health problems and health planning problems should CHP focus on this year?' Members were divided into three tables with 6–8 persons per table. Participants at each table then listed and ranked the top five problems identified at their table.

In tabulating the answers to the question, it was found that two responses occurred most frequently. They were 'Lack of financial help and/or low-cost insurance for all people' (specific reference made in one response to HMO's and related medical insurance programs), and 'Work on health needs for rural and medium-sized (1500–10,000 population) areas without MDs or organized providers' (concern here seemed to be with provision of health manpower at all levels).

Other problems which numbered among the most important were the following:

– Need to evaluate and assess ongoing activities and progress to date to permit redirection of efforts;
– Involvement of local politicians in CHP;
– Emergency treatment for accident victims in rural areas and lack of rapid transportation;
– Practical or economic solutions to environmental problems;
– Develop mental health programs at the local level throughout the State;
– Preparing a preliminary health plan–local, area, and state and begin its implementation (two tables identified this need);
– Lack of county and city health departments or programs where there are none.

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Indian Culture Conference Scheduled

by Pat Morgan, Vista Volunteer

During the past month and a half I have been working with many Indian people in the state developing plans for a Cultural Awareness Conference to be held during the last week in May. The Conference will be called 'Montana Indians and Health – A Cultural Awareness Conference' and has received approval from the Governor's office to have the stature of a Governor's Conference. This is the first time that CHP has been involved in this type of a program, and the rest of the staff shares my enthusiasm over the project.

The idea for the Conference stemmed from a news article I read in a national health magazine concerning a similar conference held in New Mexico, involving Mexican-Americans and providers of health care. Our project also correlates with my work on the Low Income Task Force Report.

One of the problems which was identified frequently during the testimony was that Indian people, as well as providers, were meeting with barriers when trying to obtain or give health care.

It has been said that no real progress can be made in this area until the values, customs, and differences of Indians are better understood by non-Indians. One of the Report's specific recommendations was that 'The Indian Health Service and Comprehensive Health Planning Council should seek funds to contract with indigenous groups to provide orientation and ongoing sensitivity training to their employees.' As consideration was given to this recommendation, it was decided that such exposure should be made available to other health care providers as well.

There have been indications, from health providers, that they have had little opportunity to become involved in educational programs of this type and would welcome such opportunity.

The content of the seminar will be developed by a steering committee comprised of Indian people from around the state. It will be a two-day seminar beginning with synopsis of Montana's Indian history up to and including the present day as it relates to health care. In addition to the history, there will be speakers on such topics as religion and health, language barriers, socio-economic data, and the place of folk medicine.

Misallocation of Federal Resources

by Dr. John S. Anderson, M.D.
Director, Department of Health and Environmental Sciences, State of Montana

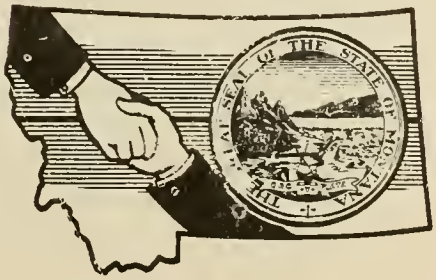
The Social Security Amendments (PL 92-603), passed during the last Congressional Session, contain a provision for payment of costs of kidney dialysis for persons afflicted with chronic kidney disease. Funds for this service will come from the Medicaid Program and are expected to amount to $2 billion during the next five years, assuming that kidney dialysis is made available to all eligible persons requiring it.

Of the persons requiring kidney dialysis, over 60 per cent have lost normal kidney function as a result of chronic glomerulonephritis. Most of these patients are afflicted during the second to fifth decades of life. Of those afflicted by chronic glomerulonephritis, it is estimated that nearly 25 per cent have a history of antecedent acute glomerulonephritis related to streptococcal infection. The characteristic progressive functional destruction of the kidney during the chronic phase of the disease is essentially a continuation of the changes initiated during the acute attack. However, the basic cause of the majority of such cases has not been established. In this larger group of patients, the disease is insidious and is rarely recognized before most of the extensive, irreversible damage to the kidneys has occurred. Once sufficient damage to the kidney has occurred, the remaining unaffected portion of the organ is not sufficient to maintain life. At this stage, death can be averted only by transplant of a healthy kidney or by dialysis.

Kidney dialysis treatment cannot cure those afflicted by chronic kidney disease. Restoration of the health of the person afflicted can be achieved only through successful transplantation of a healthy organ. Although the aim of kidney dialysis treatment, and the Federal aid program, is to sustain life of all affected persons, providing such treatment for an extended period of time may render patients unsuitable for successful kidney transplants. Many patients may develop antibodies to their own tissue antigens under prolonged dialysis, and these antibodies may cause rejection of the transplanted organ. Further, maintenance of an increasing number of dialysis patients, without fully subsidizing transplant programs at the same level, serves to compound this problem. Finally, not all patients are psychologically suited for dialysis treatment, and in many others, the disease has progressed beyond the stage at which dialysis can successfully maintain their lives.

The use of federal funds to solve social problems has been and remains controversial. The emotional and financial burden faced by the families of those afflicted with chronic kidney disease is catastrophic. Yet a federal program to subsidize kidney dialysis does nothing to eliminate the public health problem of chronic kidney disease. It is interesting to note that the amount proposed for the dialysis program is four times that proposed for federal support of all research on allergenic and infectious diseases in fiscal year 1974. The dialysis program is not a research program––it is designed solely to ease the burden of prolonging the lives of those afflicted with chronic kidney diseases.

It is suggested, given the level of knowledge available today, that many of the cases of chronic kidney disease associated with streptococcal infections could be prevented by good public health programs costing only a fraction of the cost of a national kidney dialysis program. In addition, maintenance of those affected by chronic kidney disease without expansion of research programs designed to combat it through identification and prevention of the basic cause of the disease can only serve to aggravate its overall burden to society. Unfortunately, most public health department budgets are inadequate to fund effective research and prevention programs. Surely an expensive program of palliation, estimated to cost $400,000,000 a year, is not the answer to this problem.



It was with Woman's Liberation,
that my freedom began –
Said the Fuller Brush Lady –
to the Avon Man.

CHP Legislation

by Dave Depew, Planning Coordinator for State Affairs

The Division of Comprehensive Health Planning, acting on recommendations from the CHP Advisory Council, was involved in the preparation of several legislative measures, in actively supporting a wide range of measures aimed at improving the well-being of Montanans, and in providing research and resource materials from which other proposals were drafted.

For convenience in preparing a synopsis, the number, sponsor, intent, status, and CHP involvement in the measures alluded to above will be given. Those environmental measures with which CHP had involvement were adequately described in the last CHP newsletter.

HJR 1 (Bardanouve) Requests the Federal Government reimburse all states for old-age assistance, aid to dependent children and needy blind, aid to permanently disabled, and medical assistance payments for Indians who reside on reservations or on allotted trust land. (Signed by Governor)

On December 14, 1972, the Executive Committee of the CHP Advisory Council discussed this legislative council recommendation and endorsed support. The following day the Advisory Council concurred in this recommendation.

HJR 18 (Towe) Requests the Legislative Council establish minimum levels of service for county and city-county health departments and that the Council, with assistance from the Department of Health and Environmental Sciences, determine the feasibility of creating district public health departments, and that the most economical means for accomplishing this task be provided. (Signed by Governor)

This resolution embodies the findings of the Montana State Low-Income Health Task Force Report with respect to public health services. The CHP Division sponsored this report and has been working toward implementation of the report's recommendations, one of which is the above study. The CHP Division held a series of Ad Hoc committee meetings of representatives of health professions, government, low-income groups, and civic and fraternal organizations. The findings culminated in drafting of this resolution and this was given to the Advisory Council's Personal Health Services Committee and was subsequently endorsed by the council on December 15, 1972. Members of the Personal Health Services Committee followed the bill and arranged for verbal and written testimony at both House and Senate committee hearings.

HB 50 (Swanberg) Changes the definition of a dependent or neglected child to include children up to and including the age of 18. (Signed by Governor)

On December 14, 1972, the Executive Committee of the CHP Advisory Council discussed this legislative council recommendation and endorsed support. The following day the Advisory Council concurred in the endorsement.

HB 51 (East) Would establish a youth services advisory council. (Killed in committee)

A legislative council recommendation which was endorsed for support by the Advisory Council on December 15, 1972.

HB 60 (Lynch) An Act to render unenforceable all liens held by the State Department of Social and Rehabilitation Services relating to the lien of the Department upon all real property of an applicant for public assistance and the enforcement of the lien. (Signed by Governor)

Repeal of the Lien Law on aid to the disabled and old age assistance was recommended in the Low Income Task Force Report. The council endorsed support on this measure to repeal. The CHP Division provided research materials and some council members appeared to testify against continuation of the State's Lien Law.

HB 200 (Norman) Would regulate and license clinical laboratory facilities and personnel. (Held over to 1974 session)

Was endorsed for support by the executive committee on January 13. Letters of support were delivered to the sponsor and to committee members hearing the bill.

HB 202 (Towe) Would provide that support of family planning would be an affirmative policy of the state. (Held over to 1974 session)

Was endorsed for support by the executive committee on January 13, and letters of support to the sponsor and committee members were delivered subsequently.

HB 261 (Marbut) Provides for infant screening, and provides for the DH&ES's involvement in tests for newborn infants. (Signed by Governor)

Endorsed for support by the executive committee on January 13. The CHP Division provided, through its Advisory Council chairman, letters of support to the sponsor and to committee members hearing the bill.

HB 262 (Marbut) Provides for redefining a premarital standard serological test to include additional tests. (Signed by Governor)

Endorsed for support by the executive committee on January 13. The Advisory Council chairman subsequently provided letters of support to the bill's sponsor and to members of the committees hearing this bill.

HB 263 (Marbut) Provides for a standard serological test for women seeking prenatal care. (Signed by Governor)

Endorsed for support by the executive committee on January 13. Letters of support were provided the bill sponsor and committee members hearing the bill.

HB 439 (Baucus) Would create the office of Montana Citizens' Advocate to provide representation of citizens. (Held over to 1974 session)

As a recommendation contained in the Low Income Task Force Report, this measure was endorsed for support upon adoption of the report by the council. It was subsequently endorsed as an individual recommendation by the council in December, 1972. Letters of support were provided by the council chairman on this measure to the bill's sponsor and to committee members.

SJR 5 (Lowe) Requests the U.S. Dept. of Agriculture to treat Montana's winter allowance as an income disregard rather than an addition to income. (Signed by Governor)

This is one of the recommendations contained in the Low Income Task Force Report. It was subsequently developed as a recommendation by the Legislative Council in its study of welfare needs. Members of the Personal Health Services Committee brought this measure before the council in December, 1972, and it was endorsed. Letters of support and council testimony were provided in support of this measure.

SB 36 (Turnage) Would increase coverage under medical assistance programs to cover persons whose incomes are less than 133 per cent of the maximum income level specified for federally aided categories of assistance, and would also cover all medically needy children under 21. (Signed by Governor)

This is one of the recommendations contained in the Low Income Task Force Report. The Personal Health Services Committee requested and received support for this bill at the December council meeting. Letters of Support, as well as council mem-

Continued on Page Five

Continued from Page Four

bers' testimony, were provided in supporting this issue.

SB 42 (James) Would allow aid to dependent children up to 22 years of age if attending school and would make unemployed parents eligible for welfare benefits. (Held over to 1974 session)

One of the recommendations in the Low Income Task Force Report dealing with the adequacy of eligibility standards for health care programs. This recommendation was endorsed for support by the council in December, 1972. Council members have appeared in behalf of this measure and letters of support have been provided the sponsor and committee chairmen hearing this bill. This measure was also subsequently adopted as a legislative council recommendation.

SB 53 (Nees) Defines residency to determine county or state responsibility for financial support of general relief recipients. (Signed by Governor)

A legislative council recommendation endorsed by the Advisory Council and supported with letters to the bill sponsor and concerned committee members.

SB 69 (Lynch) Would provide that ex-military personnel could take an equivalence examination for licensing as a registered nurse. (Held over for 1974 session)

Executive committee requested opposition to this measure at its January meeting. Letters of opposition were written and delivered to appropriate legislators.

SB 194 (Himsl) Would provide for repeal of sections calling for registration of registered medical facilities. (Signed by Governor)

The Facilities Committee of the Advisory Council assisted the CHP and Hospital & Medical Facilities Divisions of the Department in the drafting of this measure. The measure was then presented to the Advisory Council on December 15,1972, and was adopted by the council as a whole.

SB 195 (Himsl) Deals with redefinition of hospitals and hospital-related facilities. The old definition defied description and understanding. (Signed by Governor)

The Facilities Committee of the Advisory Council assisted CHP and Hospital & Medical Facilities Divisions of the department in the drafting of this measure.

SB 196 (Himsl) Redefines 'hospital' – new section deals with names, signs and advertisements of facilities. (Signed by Governor)

The Facilities Committee assisted in the drafting of this measure.

SB 255 (Thiessen) Would amend Housing Authorities Law, calling for removal of referendum provisions. (Killed in Committee)

Removal of the referendum provisions from the Housing Authorities Law was one of the recommendations of the Low Income Task Force Report. The Personal Health Services Committee requested and received council's endorsement of this effort. Letters of support for this measure and council member testimony were given.

SB 297 (Boylan) This bill would enable the DH&ES to aid local governments in financing public health related projects such as secondary sewage treatment systems. (Signed by Governor)

This bill was endorsed by the council's Executive Committee on January 13. Letters of support to sponsor and concerned committee members were provided.

Future County Health Needs Programmed

Reprinted from The Plainsman, March 22, 1973

The beginning of a plan to coordinate Sanders County health needs was made Tuesday evening at a meeting in Thompson Falls resulting in the formation of three committees to proceed with the coordination under the guidance of the Montana Comprehensive Health Planning division of the State Department of Health and Environmental Sciences.

Warren Brass, Helena, areawide coordinator of CHP presided at the meeting assisted by Mary Jane Crigler, health planner; Carl Helding, Missoula, northwest Montana area coordinator and John Drye, M.C., Plains, chairman of the seven-county Northwest Montana CHP area.

Sanders County is the fourth county in the state organized under the program, the objective of which is establishment of a means for planning to assure optimum quality and continuity for comprehensive health services, especially for the rural communities.

Brass told the group multiple communities in a logical service area such as Sanders County will have to plan together to develop health care systems to attract appropriate health manpower to provide for home, clinic and hospital care.

Formation of leadership from all elements of the area to carry out the policies of the health planning area was made at the meeting with Grant Winn, Plains, selected chairman of the Facilities committee; Bill Harris, Thompson Falls, chairman of the Personal Health Services committee, and Chris Stobie, Eddy, chairman of the Environment committee. All 36 county residents present at the meeting participated in the formation and each became a member of one of the committees.

Those present also established priorities concerning health needs of the county area, including better dental facilities, county-wide coordinated ambulance service; a subsidized medical and dental service for low-income families; and the availability of home medical services for senior residents.

Other needs in the health field brought out at the meeting included family planning; improved sewer facilities for some communities; a county planning boardl solution to the dog problem; more doctors, nurses and other medical personnel; services of a sanitarian; home nursing service for the elderly living alone; more cooperation between communities; health education program on all levels and a good mental health program.

Brass said more and more tax money would be channeled into local communities in the future and some pressure must be put on county officials so that health needs would be assured of a proportionate share. In his travels throughout the state he said he found that most revenue sharing funds were being spent by county officials for roads, bridges and machinery.

Attending the meeting from Plains were R.B. Johnson, Dorothy Johnson, Grant Winn, Nellie Johnson, Oliver Smith, Catherine Whisennand, Gloria McGann, Mary Vinson, Doris Larson and Don Coe.

From Thompson Falls were Freda Miller, John Miller, Susan Thayer, Mary Long, Everett Long, Martha Young, Francis Cone, Donna Jones, C.E. Rosdahl, J.D., Lou Sassman, Bill Harris and Mr. and Mrs. Don Williams.

From Hot Springs–Ruth Mullen, Eleanor Woods, Thelma Niemeyer, Pat DeLong, and Chloe Roosma.

And Henry Kraus, Doris Kraus, Dorothy Kems, and Anita Jopling, Trout Creek; Roberta Adams and Shirley Kontos from Lonepine; Rita Albano, Noxon; and Chris Stobie of Eddy.

South Central Report

by Jim Toner, Executive Director, South Central Regional Health Planning Council, Inc.

SCRHPC held two Nominal Group Sessions on February 22. Selected people were invited to participate in these sessions so that we could partially pilot test our health question, so that we could introduce the technique to people who might assist us in future Nominal Groups, and so that we could obtain some felt health problems. We hope to use the Nominal Group Technique to develop data for the areawide health plan, to organize local CHP's and to assist us in conducting such sessions in the Billings area. We expect to expand our activities into the surrounding counties at a rate determined by time and available resources.

At a meeting on February 27, 1973, the Yellowstone Council for Community Services approved a committee recommendation that YCCS assume the comprehensive health planning functions for Yellowstone County. SCRHPC's Executive Director will be meeting with YCCS's Administrative Committee to develop an agreement between the two organizations.

Four of the five members of the interim City-County Health Board have been appointed. The four members are to elect the fifth member of the Board. The Board is then to investigate and zgree on an organizational plan for the new department, prepare a tentative budget, and decide on the size of the final City-County Health Board.

The following people were selected as members of our Review and Comment Committee: James C. Corey, Allan L. Goulding, M.D., Mary Honaker, Charles Kaczmarek, Mike McCollum, Regina Middleton, and John Weatherly. The committee developed an application format and criteria for review and comment for health facility reviews. The committee presently has before it three applications for construction of Nursing beds: one for 102 beds, one for 60 beds, and one for 90 beds. At the last meeting on 3-30-73, the committee heard a report from Mr. John Laitinen, County Welfare Director, on the need for nursing home space, especially foster homes for the aged and 'personal care' homes. Since none of the applications was judged to be complete further information has been requested before the open hearing can be scheduled.

After finally succeeding in finding a person who met the EEA requirements for the State CHP donated Public Health Field representative slot, we found we could not hire the person due to lack of EEA funds. But on the brighter side, Melody Hando passed her merit test and will be hired as our secretary. Certain of the fact that more staff is required in order for us to do everything we must do, I am presently investigating other possibilities of staff resources.

Faced with the responsibility of developing an areawide health plan, we have decided to begin this process by utilizing the Nominal Group Technique in identifying health problems. In view of the limiting factors facing our organization, we have decided to begin in Yellowstone County with the intention of involving at least 600 people from various socio-economic, educational, age, vocation, etc. backgrounds. Work is progressing on forming a Billings Steering Committee to assist us with the work in Billings.

Some confusion still exists in the Health Training Network program. We are still faced with the problem of determining a course of action that will result in significant assistance to the people in our area. Having a cut-off date of June '73 has drastically changed the focus and planning of this program.

We have been trying to assist Musselshell County in its attempts to obtain a Public Health Nurse. As is the case in so many of these prob; lems, money to pay the nurse has become the major obstacle. A National Health Service Corps application had to be ruled out since this program requires reimbursement of expenses involved in placing manpower in an area. We are presently investigating other possible funding sources.

Under the auspices of the National Institute of Mental Health and the National Training Laboratory, a Social Seminar Workshop was held March 14–17 at the South Central Regional Mental Health Center. The purpose of the workshop was to train leaders/facilitators in group dynamics and interpersonal relationships within the broad framework of drug abuse. I attended the workshops and found them to be a sort of booster to the information provided at the second State CHP Education Seminar.

Title I (Community Services Programs) money is available to put on a course for health professionals on CHP. I am presently working on the course content. This course will be for ten hours and will be for credit. No time has been set for the beginning of the course.

Voters Approve Hospital District

Voters at Seeley Lake and Swan Valley, in early April, overwhelmingly approved formation of a hospital district. By a vote of 198 to 16 residents fulfilled an obligation necessary for its health center to acquire revenue sharing funds from the Missoula County Commission.

The County Commissioners asked, as a precedent to granting funds, the area create a Public Hospital District to provide operational funds over the long range (from people actually receiving service), and certification that the services provided fall within the scope of the nursing practices act. The request for funds is to act.The revenue sharing funds will provide for a total of $59,616 to be allocated for the health center. Some $50,000 will be earmarked for construction of a facility with outpatient and examination rooms, nurses quarters – $3616 earmarked for treatment equipment and $6,000 as the county's share of a $24,000 budget for operation of the facility for the year beginning July 1, 1973.

Construction of the facility will begin almost immediately, with one resident of Seeley Lake already offering to dig an area free of charge to hold a necessary septic tank.

No organized opposition to formation of the hospital district ever materialized while supporters displayed billboards and sent informational brochures home with bags of groceries purchased at local stores and with local school children.

Local observers said the voter turnout was the largest in their memories, with 147 of 220 registered voters casting ballots.

North Central Report

by Levi Taft, Coordinator
North Central Montana Health Planning Council

At its monthly meeting on March 7 in Great Falls, the Environmental Committee of the North Central Montana Health Planning Council heard two speakers outline the problems involved in monitoring the water quality of the Missouri River and in taking action against polluters. Nels Thoreson and Ralph Boland from the Fish and Game Department showed slides taken during a survey of water pollution in the Missouri River, two or three years ago, that showed

Continued on Page Seven

Continued from Page Six

evidence of dumping and of polluted streams draining into the river, as well as pictures of ducks that had died as a result of poisoning from the heavy metals discharged from some industrial operations.

The committee has been studying the possibility of establishing a pilot project whereby Great Falls High School biology students, working with the Montana Water Quality Bureau, will monitor the quality of a portion of the Missouri River. This will enable the students to participate in a meaningful educational experience in addition to alerting the Water Quality Bureau of any situations which should be investigated further.

The North Central Montana Health Planning Council is comprised of twelve counties from Glacier east to Blaine, and to Petroleum and Cascade Counties in the south. The council is a citizens' group whose purpose is to involve consumers and providers of health care in planning for better community health. The goal of the Environmental Committee of the Council is to work towards obtaining and preserving 'a habitat known to create no hazard to physiological and mental well-being, and guaranteeing the basic essentials of life (air, water, food, shelter), which is to be attained through promotion of that environmental quality which enhances healthful individual and family life and which precludes the impairment of human performance.'

North West CHP Organizing Local Groups

by Carl Helding, Executive Director
North West Regional Health Planning Council

Workshops are well underway in the seven counties of western Montana. The purpose of the workshops is to organize county CHP chapters, define local health needs, and develop working committees for planning solutions to these needs.

Organizing the county councils has proved very rewarding to Region I, and data from workshops in Mineral, Ravalli and Lake counties is currently being processed for inclusion in the CHP state health plan.

Warren Brass and Mary Jane Crigler from the state office have proven invaluable in helping with the county workshops.

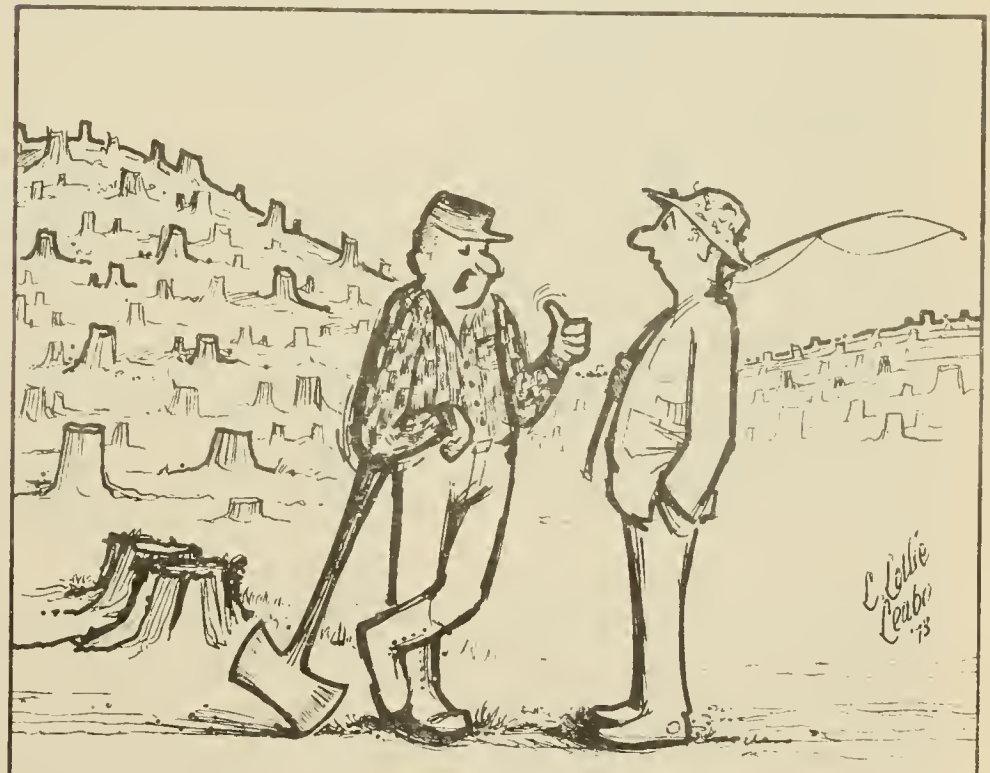
We rely on key people involved in health care to identify community leaders and interested citizens. Physicians, pharmacists, nurses (public and private), hospital administrators, low income representatives, senior citizens, and county commissioners and mayors are just a few who are key to health needs assessment and who are providing committee leadership.

Each county's health needs are varied but many recurring needs have been identified at each workshop. Strong emphasis is usually placed on all aspects of health education, improved services for delivering health care to senior citizens. V.D. control, and continuing immunization and screening programs are just a few of the many health needs that surface.

Besides defining the health needs of the community and strengthening county CHP membership, other productive planning activity is generated in the workshops. Local public officials receive necessary citizen input in defining priorities established for the improved health care systems. Such information can then be used to justify health care expenditures with revenue-sharing monies.

Health care providers are exposed to the consumer's impression of local health care delivery and the consumer increases his awareness of the complexities facing health care delivery. Both providers and consumers share knowledge of the many services offered by Montana's State Department of Health, and last but the most rewarding, is the reaction from local citizens giving Comprehensive Health Planning their support. When local citizens realize CHP is attempting to assist them, CHP becomes their ally for changing local health care delivery, and in return they give CHP their political support. The organization of local CHP councils will ultimately make CHP a statewide planning body with the ability to influence decision-making on the county, regional, and state levels. The effectiveness of health planning activity in Montana will then enjoy the opportunity of being an organization capable of implementing change.

Whatever hat you wear in your association with CHP, all of us emerge as health planners responsible for ensuring quality health care for tomorrow. To do so, we must be an organization comprised of those variables that control health care delivery today.



"That's the new Pine View Subdivision. We're gonna name the streets Maple, Spruce, Ash, Hemlock, Elm . . . . ."

Health Insurance Programs

by Mary Jane Crigler, Health Planner

In consideration of the Advisory Council's interest in health insurance, it was felt that a rundown on health insurance activity at the national level might be informative to readers of the CHP News.

Seven major bills proposing national health insurance have been introduced in the 93rd Congress, and others are sure to be forthcoming. Much attention is being given this year to catastrophic coverage.

The Administration has yet to complete the final version of its bill, but HEW Secretary Caspar Weinberger said the new national health insurance proposal is "one of the highest priorities of the Department."

Predictions vary on whether any national health insurance bill will pass this session. Senator Ted Kennedy continues to express his confidence that the 93rd Congress will pass a bill.

The major proposed legislation is summarized below. Further information on these bills may be obtained from CHP, or you may write directly to Washington, D.C., to request copies of any bill. For House bills (HR) write The House Documents Room, United States House of Representatives, Washington, D.C. 20515. For Senate bills (S) write The Senate Documents Room, United States Senate, Washington, D.C. 20510. Be sure to include the number of the bill, and it is helpful either to include the names of the sponsors or a phrase describing the content of the bill.

NATIONAL HEALTHCARE ACT (S 1100 and HR 5200)
SPONSORS: Sen. Thomas McIntyre (D-N.H.) and Rep. Omar Burleson (D-Tex.) Healthcare has 4 Senate and 38 House cosponsors. Backed by health insurance industry.
GENERAL APPROACH: Three-part health insurance plan including (1) employer-employee, (2) individual, and (3) state plan for the poor. All plans would be administered through private insurance and provide the same benefits. Stresses development of ambulatory health care centers and provides means to gradually replace Medicaid. Calls for national quality control standards to contain rising health costs. Provides additional benefits on five year phase-in periods as health delivery system improves.
COVERAGE: All U.S. citizens. Voluntary.
BENEFITS: Broad range of benefits, with cost-sharing, phased in over three five-year periods. Benefits for the poor, however, would be phased in faster. When fully phased in, bill would cover: 300 days of hospital care with $10 copayment for first day, then $5 per day thereafter; 180 days of nursing home care with $2.50 copayment per day; $2 cooayment for physician's visits; annual dental examination with 20 per cent coinsurance for other dental services; 270 days of home health services with $2.50 copayment per day; all laboratory and X-ray costs; 20 per cent coinsurance for health professionals and medical appliances; $1 copayment per drug prescription. Annual cost-sharing limited to $1,000 per family under employer-employee plan, cost sharing limited according to income under state plan.
CATASTROPHIC BENEFITS: Provides catastrophic coverage up to $250,000. To be eligible, a person would have to incur at least $5,000 in medical expenses within a one-year period, even if some or all of the expenses are reimbursed by insurance.

NATIONAL HEALTH SECURITY ACT (S 3 and HR 22)
SPONSORS: Sen. Edward M. Kennedy (D-Mass.), Reps. Martha Griffiths (D-Mich.) and James Corman (D-Calif.). Referred to as 'Health Security' or Kennedy-Griffiths bill, it has 21 Senate and 53 House cosponsors. Backed by Committee for National Health Insurance and AFL-CIO.
GENERAL APPROACH: A universal, Federally administered health program, financed by general revenues and payroll taxes similar to Social Security. Would repeal Medicare and Federal Employee Health Benefits statutes, parts of Medicaid and amend other provisions of the Social Security and Public Health Service Acts.
COVERAGE: All U.S. residents. Compulsory.
BENEFITS: Provided without coinsurance, deductibles or cutoffs. Includes all

Continued on Page Nine

Involve Nurses

by Warren Brass, Areawide Coordinator

On the evening of March 29th a discussion meeting was held at Deaconess Hospital in Great Falls involving an Ad Hoc Committee of District Six, Montana Nurses' Association and Warren Brass and Edward Mahn of the State CHP office. Those present from the committee were Phyllis Sherburne, chairwoman, and Zella Jacobsen from Deaconess Hospital; Alice Syman (District representative) Columbus Hospital; Kebe Chestnut from the county hospital.

The main purpose of the meeting was to explore the various methods of nurses becoming more involved in all phases and aspects of CHP on the local, areawide and state level. Discussion was held on the organizational structure, functions and responsibilities of CHP. Also the possible utilization of nurses and their expertness in being able to bring an added dimension to CHP, both as professional people and as consumers of health services and family persons. It was agreed by all present to make every effort toward greater involvement of both active and inactive nurses.

CO Testing

by Robert Farren, Health Planner

The Southwestern Areawide Health Planning Council, in conjunction with the Mount Powell Economic Opportunity Council, sponsored a CO testing clinic in Deer Lodge County on April 24th. Over 50 children from the Anaconda Headstart Program were tested for the presence of this deadly gas in their blood systems. If any positive results are determined, a follow-up into the home will be conducted to properly check and adjust the heating system.

Mrs. Roxie Anderson, Director of the Headstart Program, and her staff enabled the program to be carried out quickly and efficiently. A special thanks is due to the four R.N.'s, Mae Tholstrom, Pat Cadwell, Sally Flynn and Nancy Rosenleif for donating time from their busy schedules to draw the blood from the children.

The same program was conducted in Ravalli County on April 30th.

Continued from Page Eight

physicians' services; inpatient and outpatient hospital services; dental services for children under 15 (to be expanded to cover persons under 25 within five years); psychiatric hospital care up to 45 days; outpatient psychiatric care with specific imposed limitations; skilled nursing home care up to 120 days; home health services; inpatient drugs and limited out-patient prescription drugs; services in Health Maintenance Organizations (HMOs); therapeutic devices, appliances and certain equipment; laboratory and X-ray services; and pilot projects to test feasibility of providing personal home care services for the chronically ill and disabled.
CATASTROPHIC BENEFITS: All inclusive.

NATIONAL HEALTH CARE SERVICES REORGANIZATION AND FINANCING ACT (HR 1)
SPONSOR: Rep. Al Ullman (D-Ore.); 13 House cosponsors. Backed by the American Hospital Association.
GENERAL APPROACH: Sets up state supervised employer-employee plans providing basic and catastrophic coverage through private health insurance carriers and local Health Care Corporations (HCCs) as coordinators of community health resources. Expands Medicare services for the poor and aged. Consolidates all major Federal health programs, incorporates Medicare and Medicaid and establishes a separate Department of Health. Program would be phased-in under a five-year development plan.
COVERAGE: All employed, poor and aged. Voluntary.
BENEFITS: Provides comprehensive benefits generally covering all outpatient and inpatient health services without limitation or cooayments. These include: periodic health evaluation (screening, immunizations and well-baby care under age five); yearly oral examination; vision services through age 12; yearly eye examinations. Services provided with limitations and copayments are: 20 per cent copayment for dental care (excluding orthodontia), eyeglasses, ambulance, diagnostic, prosthetic devices and durable medical equipment; outpatient care for mental illness, alcoholism and drug use, but limited to three visits per hospital stay of one day with $2 copayment and $1 for each drug prescription; $2 copayment for home health services; $5 copayment for inpatient institutional care limited to 45 days (90 days for mental illness, alcoholism and drug use); $2.50 copayment for post-hospital care (skilled nursing homes, extended care services), limited to 30 days.
CATASTROPHIC BENEFITS: Insures everyone against the cost of catastrophic illness.
THE HEALTH CARE INSURANCE ACT 'MEDICREDIT' (S 444 and HR 222)
SPONSORS: Sens. Clifford Hansen (R-Wyo.) and Vance Hartke (D-Ind.); Reps. Richard Fulton (D-Tenn.) and Joel T. Broyhill (R-Va.). Medicredit has 16 Senate and 164 House cosponsors. Backed by the American Medical Association.
GENERAL APPROACH: Concerned only with financing health care. Provides credits against personal income taxes to offset premium cost of qualified private health insurance providing specific benefits.
COVERAGE: All U.S. citizens. Voluntary.
BENEFITS: Federal government would pay all health insurance premiums for low-income people (individuals and dependents) with no income tax liability. They would be issued vouchers for which insurance companies would be reimbursed by government. For others, government would pay – through a sliding scale of credits from annual income taxes – between 99 per cent (for those with tax liability under $10) and 10 per cent (tax liabilities over $891) of health insurance premium costs. Under Medicredit, $50 deductible would be charged on all hospital stays up to 60 days; nursing home care would substitute for hospital days on a 2-for-1 basis; and 20 per cent coinsurance for physicians, laboratory and X-ray, and prescription drugs would be charged with a maximum of $100 for each category. Covers complete cost of treatment for mental illness and limited emergency dental care.
CATASTROPHIC BENEFITS: All hospital stays in excess of 60 days plus 30 additional skilled nursing facility days. Includes outpatient blood and prosthetic appliances.

CATASTROPHIC ILLNESS INSURANCE ACT (Expected to be introduced)
SPONSOR: Sen. Russell Long (D-La.)
GENERAL APPROACH: Expands Medicare program to include catastrophic coverage for people under 65 (and their dependents) eligible for Social Security benefits. Coverage would begin after the 60th day of hospitalization (Part A) or after incurring $2,000 in medical bills (Part B) within one year. Twenty per cent coinsurance on medical costa and $15 copayment per day on hospital charges.
COVERAGE: Individuals under 65 insured by Social Security and dependents.
BENEFITS: See general approach.

The Environment

by Ted Clack, Health Planner

The enactment of the Montana Utility Siting Act of 1973 and the Montana Strip Mining and Reclamation Act guarantee State, citizens, planning groups and other organizations an opportunity to provide significant input in State decisions to issue, deny or revoke permits to strip mine or to construct energy conversion and related facilities.

The Montana Strip Mining and Reclamation Act strengthens the Department of State Lands' authority to control the prospecting for and strip mining of coal, clay, phosphate rock and uranium. The Act details a number of specific requirements relating to prospecting, mining and reclamation activities, which will allow the State to more thoroughly consider environmental and social needs in issuing permits for such activities. Four sections of the Act contain specific references to public access and input in permit decisions.

Section Six of the Act refers to the requirement for acquisition of a permit before strip mining can begin. The applicant for such a permit must demonstrate that he has published his intentions to strip mine, and has adequately defined the area in which he intends to mine, in a daily newspaper of general circulation in that area.

Requirements for a reclamation plan are stated in Section Ten of the Act. Such plans are to be submitted to the Department of State Lands for approval, and are to include precautions to protect the public and private landowners. The decision to approve or disapprove such plans is subject to a public hearing before the Board of State Lands, to be held on behalf of 'a land owner, operator, or any person aggrieved by the decision of the department.'

Further public access is ensured by Section 14 (3) of the Act. Section 14 refers to the assessment of the success of revegetation efforts on reclaimed lands. The State can absolve the operator of further responsibility in revegetation, and release the appropriate bonds, only AFTER 'public notice and an opportunity for a hearing' have been issued.

While references are made throughout the Act to consideration of the

Continued on Page Ten

Continued from Page Nine

needs and rights of the public, and landowners contiguous to the mining operation, the strongest guarantee of public access is contained within Section 22 of the Act. This section allows any resident of the State to notify the Department of State Lands, by sworn, written statement, that the Act is not being adequately enforced to bring an action of mandamus against the Department or its employees, if corrective action is not taken. Further, any landowner dependent for his livelihood upon water affected by mining activities may sue an operator for damages resulting from 'contamination, dimunition, or interruption of the water supply, proximately resulting from strip mining.'

The Montana Utility Siting Act of 1973 declares that it is the policy of the State to maintain, improve and protect the quality of the Montana environment and that, in this context, the location, construction and operation of power and energy conversion facilities should be more closely regulated by the State. This Act specifies a number of environmental, economic, health, and other social requirements that must be met before energy conversion and related facilities may be built and operated. Authority to implement the Act is given to the Department of Natural Resources and Conservation.

Public access in the decision-making process detailed in this Act is ensured in a number of Sections.

Section Six of the Act states that units of municipal government, governmental agencies and the public shall be informed by the applicant of plans to construct facilities identified in the Act, before an application for a permit may be made. Such notice shall be at least two years in advance of actual construction of energy conversion and related facilities and at least nine months in advance of construction of certain types of energy transmission lines. Item Five of this section allows the Department to require the applicant to provide copies of the application to the above mentioned groups.

Before a permit may be issued, the Board of Natural Resources and Conservation must hold a certification hearing on the departmental report concerning application (Section 7 (3)). Section Eight identifies the persons and groups who may be parties to that hearing. These include the applicant, representatives of municipalities and government agencies involved, the public and any state 'non-profit organization, formed to promote conservation of natural beauty, to the protection of the environment, personal health or other biological values, to preserve historical sites, to promote consumer interests, to represent commercial and industrial groups, or to promote the orderly development of the areas . . .'. Rights to be a party in such hearings are waived if the individual or group does not participate orally during the hearing. Additional access to the Board decision to grant a permit is given in Section Nine, which states that studies, reports, investigations and other documentary evidence may be submitted by any party to the Board for its consideration. The Board is empowered to make rules to exclude repetitive, redundant or irrelevant testimony.

The decision of the Board to issue, modify or deny a permit must be accompanied by a report specifying the reasons for the decision. The report must also incorporate 'problems and objections raised by other federal and state agencies and interested groups' and other materials specific to the proposal and alternatives.'

Section 12 states that the Board's decision is subject to judicial review on behalf of any party aggrieved by the decision.

Detailed annual construction and operation plans must be submitted to the department by each utility operating under a permit, under the provisions of Section 14. These plans are to be made public, although citizen groups must request and pay for copies.

Section 16 lists the criteria the Board must consider in evaluating long-range plans. Among these criteria is one requiring that proposals be consistent with areawide, state and regional land use plans.

Finally, Section 19 provides any resident of the State an opportunity to ensure that the Act is adequately executed, by sworn statement, detailing shortcomings in the State's execution of the Act, and, if necessary, by bringing an action of mandamus in a district court.

Both Acts provide citizens much more access to State decision-making in areas of direct public concern. It behooves citizens and citizen groups to acquire copies of these Acts, to become familiar with them, and to participate to the fullest extent in their execution. Members of the Environmental Health Committee of the Montana Advisory Council for CHP have agreed to become familiar with these and other environmental acts passed the last session of the Legislature and to urge their local governments and citizen groups to respond to these acts. Perhaps areawide CHP and other groups should assume the same stance.

Nursing Homes Disapproved

Reprinted from The Missoulian of March 14, 1973

Further nursing home facilities are apparently not needed in Ravalli County at this time, according to two surveys reported on at the Comprehensive Health Planning meeting Thursday in Hamilton.

A survey by the State Board of Health and its CHP office and one by a private firm for the Daly Hospital Board both indicated that, for the present, additional facilities are not justified.

Most of the people attending the meeting agreed with the recommendations of the surveys, and the facilities committee of the local CHP will meet later to formally vote on the matter.

The concensus of those present was that Ravalli County had more need for a retirement home or other similar personal care program.

County CHP cochairmen Jerry Filz and Amy Felix stressed that any facility which intends to use Medicaid or Medicare funds must be reviewed by the State Board of Health and that the local CHP organization serves as a means of citizen participation in the reviews. Mrs. Felix said that the CHP group is anxious to work cooperatively with other interested organizations in order to secure the type of facility that will meet the greatest needs of county residents.

Sets Up Civil Defense Unit

by Carl Helding, director of Northwestern Areawide Health Planning

An organizational meeting of the personal health services committee for Sanders County Comprehensive Health Planning met at noon in the Courthouse at Thompson Falls on April 13th. The purpose of the meeting was to discuss the feasibility of Sanders County qualifying for excess government property through formation of a local civil defense program.

Continued on Page Eleven

Continued from Page Ten

Mr. Bo Foster, District Civil Defense Director for Western Montana, met with members of CHP to explain basic requirements for obtaining excess property through civil defense.

The first requirement is that the Sanders County Commissioners pass a resolution authorizing civil defense to be established.

Second, a steering committee or the County Commissioners must appoint a C.D. Director. This person could be a local volunteer and given a minimal salary by the county.

Third, the director would select a volunteer staff from the County's existing resources, such as search and rescue units; law enforcement; fire protection and ambulance services. The staff would make arrangements for a disaster by designating a suitable facility as a staging area, select telephone callers, and develop methods to centralize supplies and equipment.

Fourth, the C.D. Director and Mr. Foster would develop a disaster plan for Sanders County to be used in case of an emergency.

Discussion concerning excess federal property available to the County through civil defense included pickup trucks, 2½-ton trucks, water tank trucks and ambulances. Chloe Roosma expressed concern for an ambulance in Hot Springs and Madge Post requested a standby ambulance for Noxon. Water tank trucks and 2½-ton trucks can be converted for rural fire control. Trout Creek, Heron, Noxon, and the Hot Springs area all are without rural fire protection.

Mr. Foster presented economic averages from four other Montana counties much like Sanders. Average annual expenditure by each county for their C.D. Program was $1,043. The average value of excess property each county has received was $29,000.

Mr. Foster explained the federal government reimburses the counties 50% of all expenditures for civil defense. The government also will pay half the travel expenses for someone to drive the excess equipment from a military base to the county.

Initially, Comprehensive Health Planning was examining civil defense as a source for an ambulance in Hot Springs, however, it seems apparent many activities outside of health care could benefit from excess government property.

Through civil defense, Sheriff departments, fire departments and search and rescue units could qualify for 2½-ton trucks, 1-ton pickups, water tank trucks, and ambulances.

Mr. Foster explained Sanders County is the only county in Western Montana that has not yet formed a C.D. Program. He will be available to help CHP members and interested citizens to participate in a civil defense program for Sanders County.

Who Will Benefit From CHP?

by Barry Potter, Public Information specialist

Obviously, if Montana has a complete health care system available to every person in the state regardless of location—at a cost that is reasonable and affordable—the whole state will benefit greatly! The greatest immediate needs are in serving areas which have no health care available, working to reduce over-inflated costs and providing special services where special need exists. Over the long run, programs may seek to provide such services as transportation to health services for the elderly, infirm and poor; work toward a better distribution of health professionals and facilities within the state; health training and education for the public.

WHY IS CHP NECESSARY?

The cost of health care has increased dramatically in the past twenty years, at the same time as the chance to receive health care has decreased for many people. The number of general family practitioners dwindles, but access to the growing numbers of expensive specialists requires travel to a city, usually on reference from a 'G.P.' There is a nationwide shortage of most health workers.

It is most difficult for health professionals to get detailed information and instruction about new procedures, medicines and techniques. The bulk of reading material is staggering. A doctor's return to school is costly and would mean leaving patients unattended. How can the people who provide health care keep up-to-date?

Innovation in design of health facilities and delivery of health services is badly needed in many areas, yet the extremely high cost of such facilities makes each installation an investment to be protected. Unless there is somewhere to find information about new systems, about how improvements can be made within a budget, and somewhere to find a plan which will channel these changes in a consistent and orderly manner — costs may continue to grow and conditions may simply get worse.

Persons of low income and minority groups get sick more often, in part due to poor diet, housing and sanitation — conditions which vary drastically across the state. Pollution from people and industry is proving itself a real health threat and is beginning to spoil Montana as it has many other states.

A statewide system of planning, action and evaluation is an obvious approach to solving such problems. CHP is such a system.

WHERE IS CHP WORKING?

CHP is a three-way project which works at state, areawide and local levels. Montana is divided into five areawide planning districts, by county and geography. Four of these districts have health planning councils to solve problems and plan for particular health needs.

The Montana state office of CHP is the central coordinating point of activities of the areawides. The state staff and the state Advisory Council work on problems of state-wide scope and continue to develop a state plan for health which evolves from local and areawide input of problems and priorities.

HOW CAN CHP BECOME MORE EFFECTIVE?

CHP is a mandated avenue (Public Law 89-749) for private citizens and groups to become involved in the action process and exert their influence to improve the present health care system. State, county and local governments are working together for health planning across the state, but they need to know what the public wants — the specific needs and priorities of each area. Those needs common to all form broad range goals at the state level; those common to a particular region or community form specific objectives at the areawide and local level.

Increased citizen input and participation is the greatest single way to make CHP more effective. There are many ways that citizens can take

Continued on Page Twelve

Continued from Page Eleven

part in CHP right now. Each areawide agency and the state office has an advice and action council, composed of private individuals and health professionals, that does much of the important work and decision making of Montana CHP. A majority of council members MUST be consumers in the health system – those who are not necessarily health experts, but whose stake in the system is their own personal health, and that of their family and friends.

WHAT DOES HEALTH PLANNING MEAN TO CITIZENS OF MONTANA, PARTICULARLY IN RURAL AREAS?

Health planning is such a new venture, that its process and potential are just beginning to be understood. It is safe to say that – through planning – citizens of Montana can hope to secure health services appropriate to their need and within their abilities to obtain. In the absence of planning, little basis for such hope exists.

Patterns of living are becoming so drastically altered that adequate health services will not come about of themselves, or by chance, but solely by expenditure of effort in the form of planning. Planning cannot be expected to restore the past, but can be hoped to shape the future.

Health planning cannot be expected to be productive without citizen input. Plans cannot be developed in Helena or Butte or Billings and be imposed on Wolf Point or Libby or Columbus. However good the plan may be, it simply will not be accepted or work in the absence of local involvement.

CHP demands input from both the consumer and the provider, and a financial commitment from local communities. Areawide planning, to be effective, must be tied into the local political structure as state planning is linked to state government. This linkage recognizes the fact that in Montana, the boards of county commissioners also are the local boards of health.

Linkage to local government is essential to secure a satisfactory local funding base for CHP. Areawide CHP may be encouraged with both state and federal dollars. Investment in planning should work to conserve financial resources so easily dissipated in the absence of sound planning.

Montana CHP is striving to strengthen linkages between planning groups and county commissioners, who as the local board of health, have the obligation to set a climate favorable to health personnel. They can do much to attract and hold physicians and to encourage community health services.

Ed. Note: We hope, in the future, to continue to present information of specific value to those newly involved in CHP and to those particularly concerned with organizing local CHP groups. Readers with questions, or better yet, those with answers to questions that are puzzling our readers are encouraged to send them for publication in CHP News, CHP, 510 Logan, Helena, Montana 59601.

Gallatin County

by Shirley Smith, Coordinator

The Gallatin County Comprehensive Health Planning Office has moved to a new location – 14 South Willson. The new location is very cheerful and we invite everyone to stop and inspect the new facility.

The RSVP Program is investigating the possibility of purchasing a mini-bus to transport their volunteers to and from the stations. There are 46 persons over the age of 60 participating in this program at the present time. On May 2nd a 'Recognition Buffet' honoring all volunteers will be held at the Senior Social Center.

'Meals on Wheels' for the elderly shut-ins in this area is now a reality. It is hoped that in the near future a walk-in meal program can be established. Seven to 22 meals are served each day – 5 days a week. Two senior citizens are working as cooks for this program. Facilities at the First Presbyterian Church have been donated for preparing the food.

Approximately 36 persons attended a Mental Health dinner at the 4 B's Restaurant in late March. The local CHP group, along with the other eleven counties in the Southwest area, feel that Mental Health is one of the top health priorities.

Mr. Jim Foley, Executive Director of the Southwest Areawide, and I attended a meeting in West Yellowstone recently to assist this community with their health needs.

"Gee, I'm real sorry Doc . . . . . why don't you flush two aspirin down it . . . . . and call me in the morning."

Letters to the Editor

Dear Editor:

Largely through the efforts of the Comprehensive Health Planning Division, a program to study anaerobic digestion of animal waste may be undertaken in Montana. The digestion process offers simultaneous solution to the problems of energy shortage, water pollution, and soil depletion. Research into animal waste digestion would be an obvious asset to the Montana area. The present research plan, which I originated in 1972, will be implemented by the State University at Bozeman with the probable assistance of federal funding.

CHP was instrumental in making Montana's national representatives aware of the plan, and in involving the University in the proposal, as well as being of assistance, technically and administratively, in preparing the final research proposal. In particular, Mr. Robert Johnson, Mr. Zack Stevens, and Mr. Barry Potter provided the project with a great deal of help.

My personal thank you to CHP for furthering a very worthwhile project.

Sincerely,
Robert Scott

* Editor's Note: What made Mr. Scott's program easy to work with was the fact it was worthwhile in itself, but was also presented in fine detail.

Each of Montana's Congressional delegation expressed interest.

Senator Mike Mansfield wrote MSU at Bozeman seeking additional information and making them aware of the program.

Senator Lee Metcalf immediately contacted officials of the National Science Foundation to acquire funds for the pilot program which would utilize organic waste as a potential energy source.

Congressman John Melcher lent support to the program by adding his voice to that of Senator Metcalf.

Congressman Richard Shoup wrote directly to Mr. Scott expressing support and offering any assistance necessary to initiate the research project.

'Health Services in Every County—'

Reprinted from The Missoulian

Comprehensive Health Planning, the citizen's advocate in the health field, is getting organized in seven western Montana counties under the direction of Carl Helding, executive director of the Northwestern Montana Areawide Health Planning Council.

"Our main thrust is organizing county comprehensive health planning councils," Helding explained. "We go into a county and conduct health needs workshops.

"We don't provide any services at all. We try to plan for people to get them."

He explained that the first step is to identify people involved in health care—both suppliers and consumers. This includes doctors, nurses and hospitals, of course, but also senior citizens, low income groups and so on, Helding said.

"We try to determine needs and form committees to find solutions," Helding continued, adding that part of the job is establishing priorities. All committee members are volunteers, he added.

"We try to involve the people who control funding for public health and try to set priorities for revenue sharing items," he said.

Helding explained that one of the best facets of CHP's system is involving local people.

"Trying to assess needs from afar is difficult," he said.

"It's easy to set in Helena and say 'This county has 20 per cent more cavities; let's start a flouride program,' when what that county really needs most is a venereal disease education program. We try to be grassroots-oriented.

"CHP holds health care providers and public officials accountable for providing good health care. It informs people of what their problems are."

CHP has four basic objectives, Helding said.

First is short term solutions to problems, such as drug or veneral disease education programs.

Second is long-range planning. "We spend a lot of time troubleshooting, but it's long-range planning that we need," he said.

Development of a working organization is the third goal, Helding explained, with standing committee structures the object.

The fourth objective is writing a statewide CHP health plan that will encompass all counties in Montana.

Helding has been director of the CHP program in western Montana since last July. So far, working organizations have been established in Lake, Ravalli and Mineral counties and planning is under way in Missoula County, Helding explained.

Missoula Emergency Services for Health (MESH) is one subsidiary of the fledgling CHP council in Mix-

the fledgling CHP council in Missoula County.

"Workshops show the same needs cropping up," Helding said.

In environmental areas, all three counties expressed desires for better sanitation systems.

Committees on education in both Mineral and Lake counties expressed needs for drug and alcohol abuse education.

All three counties mentioned a need for home health care for the elderly, more mental health services and coordination of existing programs.

Both Ravalli and Lake County residents indicated a desire for mental and social cleanup, definition of moreal problems and the cleaning up of pornography, Helding said.

"Health care is hard to plan because it is crisis oriented," Helding said. "Most people don't think about planning for health care until they're in trouble."

Helding said lack of revenue is the biggest reason for inadequate health services.

"Only 8½ per cent of the land in Mineral County is taxable," he said.

One of the goals of CHP is to help counties find funding sources.

"Revenue sharing is a godsend to the small counties—they can go out and get needed services like a public health nurse," he added.

"Revenue sharing has increased the responsibilities of the county commissioner since he is now the funding source," Helding continued.

"They look to a council like this to find priorities—they can't be expert on everything," he added.

Helding said the Johnson administration originally had given assistance to state departments of health for planning groups and that now the Nixon administration is advocating an increase.

"Turning power to local people to control their own destiny—this is as it should be," he commented.

Continued on Page Fourteen

Continued from Page Thirteen

One spinoff of CHP organization is that it is developing a power base to influence legislation, Held explained. Without a power base, CHP couldn't be an effective force, he added.

Helding said one of the big needs in western Montana is the need for primary care in rural areas. He suggested several methods of getting medical help for rural areas, including subsidies, a draft, enticing doctors with new hospitals, or just plain love from the community.

"A community will take a doctor for granted until he leaves. He's on call 24 hours, seven days a week. Nobody likes to live that way," Helding said.

He said the Medex program in Eureka is "a means of solution, but not the ultimate end." The Medex program provides a trained paramedic to assist a doctor.

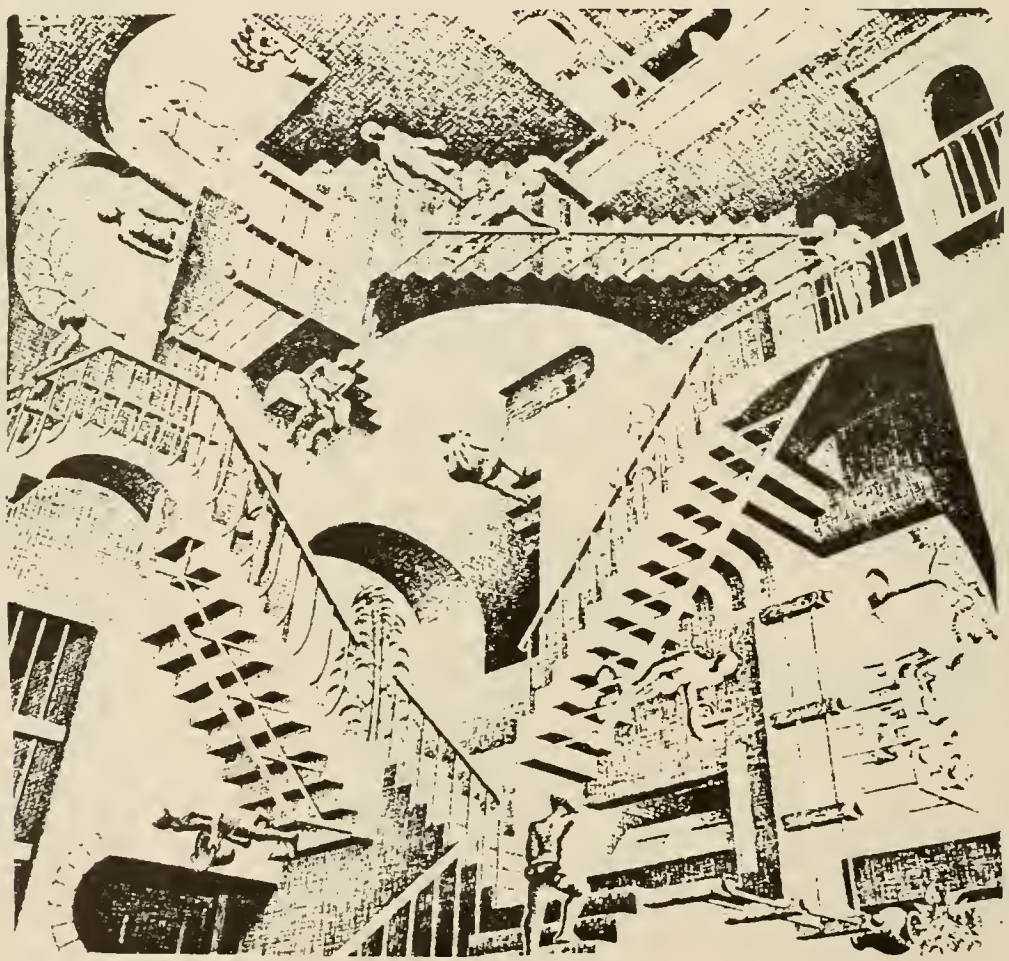
"What we are looking for is health care services in every county," Helding concluded.

Send your ideas

on improving health care to -

SUGGESTION BOX:

510 Logan Ave. Helena, Montana 59601



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